GUNSHOT WOUND OF THE BRAIN, CAUSING A FORM OF APHASIA IN WHICH THE LOSS OF NOUNS WAS THE STRIKING FEATURE.[1]

By ERNEST LAPLACE, M.D.

Professor of Surgery, Pathology, and Clinical Surgery in the Medico-Chirurgical College, Philadelphia.

AUGUST 4, 1892, Lizzie Albert, aged nineteen, received a gunshot wound in the inter-ocular region, at the apex of the glabella; there was a fracture of the skull, and penetration of the bullet, according to the testimony of the physician who saw her immediately after the accident. She became unconscious and remained so during three weeks. Meanwhile, several spicula of bone were removed from the seat of the penetration of the bullet. The wound gradually healed, leaving a slight depression. As she recovered consciousness, she complained of a severe pain in the left occipital region, ranging downwards, constant and almost unbearable, keeping her mind always fixed upon that point; suffers no pain otherwise about the cranium. The patient is a well-nourished, strong young woman, showing no evidence of any diathesis or cachexia. As a result of the injury, most interesting intellectual symptoms resulted, her physical condition, however, remaining entirely unimpaired. When complaining of the pain back of her head, she says that she "sees it;" when asked "What?" she says she "sees it;" if asked, "Does that hurt?" she answers, "Yes." If asked, "What hurts?" she says, "It hurts." When asked, "Does the bullet hurt?" she says, 'Yes."

It seems that other organs of sense refer their impression to the same centres. For instance, if asked whether she hears a particular sound, such as a tuningfork, she will answer, "Yes, I see it." If given anything to take, and asked whether she takes it, she answers, "Yes, I see it." Likewise, if anything is given to her to smell, she also sees the sensation of smell. It seems to her an impossibility to repeat a word spoken to her, though she understands fully everything. In her conversation she uses no names of persons or things; she knows every person and everything. For instance, if shown a hat, and asked what that is, she will say, "It is yes;" but asked the name of it, she will say, "I do not know." If asked, "Is this a book?" she will say, "No." "Is it a hat?" She will say, "Yes." Should we write on paper the word cat, in presenting her the hat, she will say, "That is not it." If, changing the word slightly, we make it coat, showing her the hat, she will say, "That is not it." If changing the word slightly, and writing the word hat, and asked whether that was it, she will say, "Yes." If asked her name, she will answer, "I do not know." If asked whether her name is Katie, she will say, "No." If asked whether it is Lizzie, she will answer, "Yes." Asking her to write her name, although she says she does not know her name, she will write it correctly—Lizzie Albert. If asked whether that is her name, she will say, "Yes." If asked what her name is, "I do not know; I cannot tell you." Should I write her name, misspelling it in any manner, she will say immediately, "That is wrong." If asked, "What is wrong?" She will point out the letter in the word which makes it misspelled, and until the name be properly spelled, she will insist on its being wrong.

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Her judgment seems to be perfectly clear; that is, she says or does nothing which would in the least compromise the condition of her intelligence. There seems to be a destruction of such fibres as lead to those portions of the frontal lobe as are the centres of memory for names of persons and things.

The lady, at whose house the patient has dwelt for the last two years, has since the injury exercised continued care over her, and at no time has the patient shown violence or other signs of dementia. While the patient insisted on having such pain in the left occipital region, and while she pleaded for an operation to remove the bullet which she felt sure was there located, but little reason existed for us to pursue any other course, and we therefore thought best to explore the brain in that neighborhood, at no time having had much hope of finding the ball in that locality; consequently, on November 4, having observed the strictest precaution for the aseptic operation, the trephine was applied over the seat of the pain, on a level with the occipital ridge; the dura mater was found healthy, rather more congested than usual. A rongeur forceps was applied and a strip of bone, an inch and a half long and three-eighths of an inch wide, was removed in a perpendicular direction, parallel with the squamous suture. A malleable wire instrument, specially devised for this occasion, was introduced, and with it the separation of the dura mater was effected to a distance of two inches all about the opening, so that an area of the brain four inches wide and six inches long was explored. A normal condition was revealed everywhere, giving us absolutely no information as to the locality of the bullet. The bone was replaced, and the wound sutured and drained at the most dependent portion. At no time after the operation did the temperature rise above 99°. The patient recovered from the ether perfectly, and the subsequent treatment was uneventful. Ten days after the operation, all dressings were removed, perfect union by first intention, and the patient resumes her occupations about the ward. A certain change, however, is already noticeable about the brain symptoms, viz., consisting in a more talkative disposition and the ability to speak the names of two or three objects, such as: home, sister, country. As far as pain is concerned, the patient seems to be much relieved, and now feels assured that the bullet is situated near the seat of entrance, and begs for another operation for its removal.